97158

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

3-89-41- 000029

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
ANITA	F.	CARTER	JAN. 2, 1989	2130	FEMALE

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
WHITE	☐ YES ☐ NO (SPECIFY) X	JUNE 28, 1925	63				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
GERMANY	USA	FRED WEIAND	GERMANY	ELIZABETH LANGE	GERMANY

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19__ TO 19__ ☐ NONE X	552-32-4649	MARRIED	KENNETH W. CARTER

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
HOUSEWIFE		SELF-EMPLOYED	ADULT LIFE	1-12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1720 ADELINE DR.	BURLINGAME	94010

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN MATEO	38	CALIFORNIA	KENNETH W. CARTER-HUSBAND 1720 ADELINE DR. BURLINGAME, CA. 94010

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
PENINSULA HOSPITAL	IP	SAN MATEO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1783 EL CAMINO REAL	BURLINGAME

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	ADENO-CARCINOMA-OVARY	11 MOS
DUE TO (B)		
DUE TO (C)		

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☐ NO (REFERRAL NUMBER)

23. WAS BIOPSY PERFORMED? X YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES X NO

24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: 4/21/88 TYPE: LAPAROTOMY

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR): 5-9-1988

DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR): 1-2-1989

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: Donald R. Hales, M.D.

27C. PHYSICIAN'S LICENSE NUMBER: C-19550

27D. DATE SIGNED: 1/3/89

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: DONALD HALES M.D.-1515 TROUSDALE DR., BURLINGAME, CA.

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	34D. SIGNATURE OF EMBALMER	34E. LICENSE NUMBER
BURIAL	HOLY CROSS CEMETERY	1-6-1989	James R. Wigen	4501

35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	35B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
CROSBY-N. GRAY & CO.	#96	Bradley P. Gilbert MD	JAN 05 1989

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

Bradley P. Gilbert M.D.

Bradley P. Gilbert M.D.
HEALTH OFFICER AND REGISTRAR

DATE: Feb. 2, 1989

'89 FEB 15 AM 9 47

Recording requested by
and when recorded mail to:

Law office of JAMES W. POWER
4 West Fourth Avenue #402
San Mateo, CA. 94402

2870

AFFIDAVIT OF SURVIVING TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN MATEO)

KENNETH W. CARTER, as Surviving Trustee, under penalty of perjury states:

That ANITA F. CARTER, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as ANITA F. CARTER named in that certain Quit-claim Deed dated September 14, 1988, wherein KENNETH W. CARTER and ANITA F. CARTER quitclaimed unto KENNETH W. CARTER AND ANITA F. CARTER, TRUSTEES under the KENNETH W. CARTER AND ANITA F. CARTER 1988 TRUST, established the 14th day of September, 1988, all of their right, title and interest in and to the real property situated in the County of Klamath, State of Oregon, and more particularly described as:

Lot 10, Block 23, Klamath Falls Forest Estates Highway 66 unit, Plat No. 1, as recorded in Klamath County, Oregon.

The deed affecting the property was recorded on September 16, 1988, in Volume M 88, Page 15304, official records, Klamath County, Oregon.

Dated: 2-3-89

KENNETH W. CARTER

Subscribed and sworn to before me this 3rd day of February, 1989.

Patricia Prevette
Notary Public in and for said county and state
My comm. exp: 11/12/92

OFFICIAL SEAL
PATRICIA PREVETTE
NOTARY PUBLIC-CALIFORNIA
Principal Office in SAN MATEO County
My Commission Expires Nov. 12, 1992

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James W. Powers the 15th day of Feb. A.D., 1989 at 9:47 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 2869.

FEE $13.00

Evelyn Biehn, County Clerk
By Evelyn Biehn